Sharon M. McDonald
Commissioner of the Revenue

Application for Real EstateTax Relief

For Persons over 65 years of Age or Disabled
As provided by City of Norfolk Ordinance No. 26,967

Application deadline June 1st, 2010

☑ New Applicant ☐ Renewal

Applicant Information

Name(s) as it appears on tax bill _____
Last First MI

_____ _____ _____
Name of Applicant/Owner (Last, First, Middle) Social Security # Date of Birth

_____ _____ _____
Name of Spouse/Co-Owner (Last, First, Middle) Social Security # Date of Birth

Residence Address _____
Number Street Zip Code + Four

Phone Number _____ Email _____

1. Is the applicant the: ☐ Owner ☐ Partial Owner?
   If partial, explain degree of ownership _____
2. Is the Owner the sole occupant of the Residence? ☐ Yes ☐ No
3. List all related persons occupying the above residence, including children:

	Name	Social Security #	Relationship to Owner	Date of Birth
Relative 1				
Relative 2				
Relative 3				

4. Do the property owners own any other Real Estate? ☐ Yes ☐ No
   If so, list address and provide current annual assessment. _____
5. Did the owners file a 2009 Federal Income Tax Return? ☐ Yes ☐ No
   If yes, you must furnish a copy
6. Is any part of the residence leased or rented to other persons? ☐ Yes ☐ No
7. If a mortgage company collects payment of your Real Estate Taxes, please provide the
   Name _____ Address _____ Loan # _____

FOR OFFICE USE ONLY

☐ 65 or older ☐ Disabled ☐ Relief Account Number(s) _____

Post Office Box 2260 Norfolk, VA 23501-2260 Telephone (757) 823-1130 Fax (757) 441-1503

Income Information

Annual gross income from all sources of the owner(s) and all relatives living on the property as of 12/31/2009.

PROOF OF INCOME MUST BE PROVIDED. IF A 2009 FEDERAL INCOME TAX RETURN WAS FILED, YOU MUST PROVIDE A COPY

Source of Income	Owner/ Applicant	Spouse/ Co-Owner	Relative 1	Relative 2	Relative 3
Social Security (minus Medicare)					
Retirement/Pension (including Military)					
Rent from Roomers/Tenants					
Interest from Bonds, Bank Accounts					
Dividends & Earnings from Stocks, Investments					
Wages, Salaries, Bonuses, Commissions					
Other Income (specify) _____					
Business Income; Capital Gains					
IRA Distributions					
Veteran and Veteran's Family Benefits					
Workman's Compensation					
Supplemental Health Insurance (deduct amt)	-	-	-	-	-
Totals					
OFFICE USE ONLY	$0.00	$0.00	$0.00	$0.00	$0.00
Grand Total & Exemption Percentage	$ $0.00	%			

TOTAL COMBINED FINANCIAL WORTH OF OWNER(S)

Values	Owner/Applicant	Spouse/ Co-Owner
Cash on hand; Checking Accounts		
Savings Accounts		
IRAs, 401K, & Retirement Accounts		
Stocks, Bonds, & Trusts		
Certificates of Deposit; Money Market Funds		
Motor Vehicles, Boats, & Trailers		
Other Real Estate		
Totals	$0.00	$0.00
Grand Total	$ $0.00	

AFFIDAVIT

I, _____ of legal age, swear on my oath the foregoing statements are true and accurate to the best of my knowledge and belief. I understand that any factors occurring during the taxable year for which this affidavit is filed, that have the effect of exceeding or violating the limitations and conditions provided by the ordinance, shall nullify any exemption for the current taxable year and the taxable year immediately following. Any person or persons who shall falsely claim an exemption or shall give information on which an exemption is based shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding $1,000.00 or confinement in jail not exceeding twelve months, or both such fine and imprisonment.

Signature of applicant _____ Date _____

NEW APPLICANTS ONLY: If this application is not signed in the presence of a Deputy Commissioner of the Revenue, your signature must be notarized.

NOTARY

STATE OF VIRGINIA, CITY OF NORFOLK, to wit: Personally appeared before me in my county and state aforesaid_____who being first duly sworn by me acknowledged the signature to the foregoing affidavit to be his or her own and stated that on information and belief the said statements are true and correct. Given under my hand this _____ day of _____, _____.

Notary Public Printed Name _____Signature of Notary _____

My Commission expires_____ Notary Registration Number_____